		PATE	NT APPLICA FERE	AOUAG DAG	eniner 8' 5	:004	CORD	10	10	510	150	
•		TOTAL CLA		AS FILE	FILED - PART I (Column 1) (Column 2)		SMAL TYPE	L ENTITY		OTH	ER THAN	
:		(3)	alisio.				RAT		OR SMALL ENT			
		FOR L	2 FE		ER FILED	NUMBER EXTRA			-	RATI		
		TOTAL CHAR	GEABLE CLAIM	s 19	minus 20=		- DASIC I	TEE!	OF	BASIC F	EE 190	
	I I	INDEPENDEN		3	minus 3 = *		X\$ 25	j=	OF	X\$50.		
	MULTIPLE DEPENDENT CLAIM PRE			PRESENT	ESENT		X100	=	OR X200=			
	* If the difference in column 1 is less th				7ero enter "		+180=	:	OR	+360=	_	
l					MENDED - PART II		TOTAL	-	OR	TOTAL	190,0	
	_		(Column 1))	(0.1				OTHER THAN			
- ! !	TA	. J	CLAIMS REMAINING		HIGHES	T	SMALI	ENTITY	OR	SMALL	ENTITY	
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	MEN	Independen	1 4	Minus	**	=	X\$ 25=		OR	X\$50=	FEE	
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						2.0144	+180=			·		
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ENL		Total Independent	1	Minus	**	=	X\$ 25=	FEE			FEE	
AM	-		NITATION	Minus	AAA	=			OR	<\$50= 		
<u></u>	بل.	·	NTATION OF MU	ILTIPLE DEPI	ENDENT CLAI	М	X·100=		OR >	(200=		
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ပ	Γ		CLAIMS		(Column 2)	(Column 3)			, 35	/		
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	Ti	olal	* AMENDMENT	Ainus ,	PAID FOR	EXTRA	•	IONAL FEE	R		IONAL FEE	
H M			* N	Ainus .	A-A-A	=	X\$ 25=	OI	3 XS	550=		
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